

## CITY OF LONG BEACH SAFETY TRAINING ASSESSMENT

**REQUIRED OF ALL STAFF**

FORM IS TO BE COMPLETED BY EMPLOYEE AND VERIFIED BY THE SUPERVISOR  
(PRINT CLEARLY AND SIGN BELOW, EVEN IF YOU MARK NO BOXES)

<b>Last Name:</b>		<b>First Name:</b>	
<b>Supervisor's Name:</b>		<b>Dept:</b>	
<b>Employee's Classification:</b>			

Check the task(s) that you perform on your job. Ask your supervisor if you are not sure. If you have any questions please call Safety at X86476. Complete boxes below:

- ☐ I am a Floor Warden for my facility.
- ☐ I repeat the same motions more than 50% of the time on a daily basis. For example, I push/pull, twist, lift loads, or operate a keyboard more than half the time on the job.
- ☐ I lift materials or products of significant weight in the course of my job. For example:

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- ☐ I supervise employees (requires the completion of supervisor training classes)
- ☐ I may be expected to use a fire extinguisher.

**I drive:**

- ☐ a motor vehicle as part of my job duties.
- ☐ a truck as part of my job duties that has a gross combined weight of 26,001 or more pounds, or requires placarding.
- ☐ a vehicle with 16 or more passengers.

**As part of my job I work with/around (if around please circle, otherwise place an X in the box):**

- |  |  |
|--|--|
| <input type="checkbox"/> human blood, body fluids, or tissue           | <input type="checkbox"/> chemical products                   |
| <input type="checkbox"/> hand tools                                    | <input type="checkbox"/> ladders and/or scaffolds            |
| <input type="checkbox"/> low voltage (less than 600 volts) electricity | <input type="checkbox"/> asbestos (abatement or maintenance) |
| <input type="checkbox"/> abatement of lead or lead-based paint         | <input type="checkbox"/> RF antennas                         |
| <input type="checkbox"/> torches/welding                               | <input type="checkbox"/> laboratory chemicals                |
| <input type="checkbox"/> lockout/blockout devices                      | <input type="checkbox"/> asphalt or hydrogen sulfide         |
| <input type="checkbox"/> respiratory protection                        | <input type="checkbox"/> fall protection equipment           |

**As part of my job I operate:**

- |   |  |
|---|--|
| <input type="checkbox"/> powered equipment (i.e. tools) | <input type="checkbox"/> forklift or powered pallet jack (please circle) |
| <input type="checkbox"/> aerial lift                    | <input type="checkbox"/> heavy construction equipment                    |
| <input type="checkbox"/> crane                          | <input type="checkbox"/> chainsaws or other cutting devices              |

**As part of my job I work in:**

- ☐ places higher than 6 feet above ground level (e.g., scaffolding, ladders, man-lifts)
- ☐ manholes, tunnels, enclosures or other confined spaces
- ☐ citizens homes
- ☐ traffic, flagging, or directing automobiles
- ☐ areas with loud noise (exceeding 90 decibels)
- ☐ trenches or excavations
- ☐ construction sites

Employee's Signature

Date

Supervisor's Signature

Date